

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

Southern District of Texas

Case number (*If known*): \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an  
amended filing

**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Abraham

First name

Miguel

Middle name

Sobrinho

Last name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

Sara

First name

Costa

Middle name

Sobrinho

Last name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx - xx - 5 4 1 9

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - 2 4 0 2

OR

9 xx - xx - \_\_\_\_\_

	<b>About Debtor 1:</b>	<b>About Debtor 2 (Spouse Only in a Joint Case):</b>																				
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b>	<p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <hr/> Business name <hr/> Business name <hr/> EIN <hr/> EIN	<p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <hr/> Business name <hr/> Business name <hr/> EIN <hr/> EIN																				
<b>5. Where you live</b>	<p>2202 Hollow Bloom Lane</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Number</td> <td style="width: 85%;">Street</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Katy</td> <td>TX 77494</td> </tr> <tr> <td>City</td> <td>State ZIP Code</td> </tr> <tr> <td colspan="2">Fort Bend County</td> </tr> <tr> <td colspan="2">County</td> </tr> </table> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Number</td> <td style="width: 85%;">Street</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>P.O. Box</td> <td></td> </tr> <tr> <td>City</td> <td>State ZIP Code</td> </tr> </table>		Number	Street	<hr/>		Katy	TX 77494	City	State ZIP Code	Fort Bend County		County		Number	Street	<hr/>		P.O. Box		City	State ZIP Code
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<b>6. Why you are choosing this district to file for bankruptcy</b>	<p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>																					
	<p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>																					

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- No  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

 No Yes. What is the hazard?*If immediate attention is needed, why is it needed?*

Where is the property?

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

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**17. Are you filing under Chapter 7?**

- No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**19. How much do you estimate your assets to be worth?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Abraham Miguel Sobrinho

Signature of Debtor 1

Executed on 02/14/2019

MM / DD / YYYY

/s/ Sara Costa Sobrinho

Signature of Debtor 2

Executed on 02/14/2019

MM / DD / YYYY

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel Ciment

Signature of Attorney for Debtor

Date

02/14/2019

MM / DD / YYYY

Daniel Ciment

Printed name

Ciment Law Firm, PLC

Firm name

24275 Katy Freeway

Number Street

Ste. 400

Katy

TX

77494

City

State

ZIP Code

Contact phone 833-663-3289

Email address daniel@cimentlawfirm.com

24042581

TX

Bar number

State

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (If known)			

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b>
		Value of what you own
1.	<i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ 265,000.00
1b.	Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ 63,460.00
1c.	Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ 328,460.00

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b>
		Amount you owe
2.	<i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$ 223,075.00
3.	<i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 1,914.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+ \$ 94,046.57
		<b>Your total liabilities</b>
		\$ 319,035.57

**Part 3: Summarize Your Income and Expenses**

4.	<i>Schedule I: Your Income</i> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 5,974.70
5.	<i>Schedule J: Your Expenses</i> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 7,372.54

Abraham Miguel Sobrinho

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 8,872.17

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 1,914.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ 1,914.00</b>

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number _____			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

###### 1.1. 2202 Hollow Bloom Lane

Street address, if available, or other description

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property? Current value of the portion you own?

\$ 265,000.00      \$ 265,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

Check if this is community property

Katy TX 77494  
City State ZIP Code

Harris County  
County

##### Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

If you own or have more than one, list here:

1.2. Street address, if available, or other description

City State ZIP Code

County

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_      \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

##### Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

1. _____	<b>What is the property?</b> Check all that apply.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Street address, if available, or other description  _____	<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____	Current value of the entire property?	Current value of the portion you own?
City _____ State _____ ZIP Code _____  County _____		\$ _____	\$ _____
<b>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.</b> _____			
<b>Who has an interest in the property?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<b>Other information you wish to add about this item, such as local property identification number:</b> _____			
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ..... → <span style="border: 1px solid black; padding: 2px;">\$ 265,000.00</span>			

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1. Make: Lexus  
 Model: LS460  
 Year: 2007  
 Approximate mileage: 126000

Other information:

Condition: Good

**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 7,909.00 \$ 7,909.00

If you own or have more than one, describe here:

3.2. Make: Toyota  
 Model: Avalon  
 Year: 2015  
 Approximate mileage: 75000

Other information:

Condition: Very Good

**Who has an interest in the property?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 12,740.00 \$ 12,740.00

3.3. Make: GMC  
 Model: Acadia  
 Year: 2011  
 Approximate mileage: 120000

Other information:

Condition: Fair

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
--	--

\$ <u>4,320.00</u>	\$ <u>4,320.00</u>
--------------------	--------------------

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
--	--

\$ _____	\$ _____
----------	----------

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
--	--

\$ _____	\$ _____
----------	----------

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
--	--

\$ _____	\$ _____
----------	----------

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... ➔

\$ 24,969.00

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe.....

Kitchen Furniture:

Table

Chairs 6, Appliances:

Refrigerator

Freezer

Microwave

Washer Dryer, Study Furniture:

Desk

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

\$ 2,725.00

**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe.....

TVs 5, Computers 2, DVD Player 1, Gaming System 1, Printer 1, MP3 Player 1, Camera 1, Surround Sound System 1

\$ 2,350.00

**8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe.....

\$ 0.00

**9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe.....Camping Gear:  
Tents 2, Bicycle

\$ 450.00

**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe.....

\$ 0.00

**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe.....

General Wearing Apparel

\$ 1,500.00

**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....

Lady's necklaces - 5, Lady's rings - 4, Men's Watches - 3, Earrings - 20 pairs, Husband's wedding ring, Wife's wedding ring

\$ 1,400.00

**13. Non-farm animals***Examples: Dogs, cats, birds, horses* No Yes. Describe.....

\$ 0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list***Tools:* No Yes. Give specific

information.....

Ratchet Set

Hammer

Screw Drivers

Drill, Lawn Equipment

\$ 675.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 9,100.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....

Cash: .....

\$

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking account:	First Community Credit Union	\$ 19.00
17.2. Checking account:	Bank of America	\$ 0.00
17.3. Savings account:	First Community Credit Union	\$ 0.00
17.4. Savings account:	Chase	\$ 0.00
17.5. Certificates of deposit:		\$
17.6. Other financial account:	Chase Bank	\$ 0.00
17.7. Other financial account:		\$
17.8. Other financial account:		\$
17.9. Other financial account:		\$

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them. ....

Name of entity:

% of ownership:

_____	%	\$ _____
_____	%	\$ _____
_____	%	\$ _____

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them. ....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Institution name:

Type of account:

401(k) or similar plan: 401k x219099 \$ 29,372.00

Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_

IRA: \_\_\_\_\_ \$ \_\_\_\_\_

Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_

Keogh: \_\_\_\_\_ \$ \_\_\_\_\_

Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes..... Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_

Gas: \_\_\_\_\_ \$ \_\_\_\_\_

Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_

Rental unit: \_\_\_\_\_ \$ \_\_\_\_\_

Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_

Telephone: \_\_\_\_\_ \$ \_\_\_\_\_

Water: \_\_\_\_\_ \$ \_\_\_\_\_

Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes..... Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them. ....

_____	\$ 0.00
-------	---------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them. ....

_____	\$ 0.00
-------	---------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them. ....

_____	\$ 0.00
-------	---------

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____
-------

Federal:	\$ 0.00
State:	\$ 0.00
Local:	\$ 0.00

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information. ....

_____
-------

Alimony:	\$ 0.00
Maintenance:	\$ 0.00
Support:	\$ 0.00
Divorce settlement:	\$ 0.00
Property settlement:	\$ 0.00

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. ....

_____	\$ 0.00
-------	---------

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company  
of each policy and list its value....

Company name:

Colonial Life Insurance - Term

Starmont Life Insurance - Term

Beneficiary:

Abraham Sobrinho

Sara Sobrinho

Surrender or refund value:

\$ 0.00

\$ 0.00

\$

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

\$ 0.00

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....

\$ 0.00

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....

\$ 0.00

**35. Any financial assets you did not already list** No Yes. Give specific information.....

\$ 0.00

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 29,391.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

\$

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.....

\$

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

	\$ _____
--	----------

**41. Inventory** No Yes. Describe.....

	\$ _____
--	----------

**42. Interests in partnerships or joint ventures** No Yes. Describe..... Name of entity:

% of ownership:

_____	% _____	\$ _____
_____	% _____	\$ _____
_____	% _____	\$ _____

**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

**44. Any business-related property you did not already list** No Yes. Give specific information .....

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$ 0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

## 48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....

→ \$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....

→ \$ 0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... → \$ 265,000.00

56. Part 2: Total vehicles, line 5 \$ 24,969.00

57. Part 3: Total personal and household items, line 15 \$ 9,100.00

58. Part 4: Total financial assets, line 36 \$ 29,391.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61..... \$ 63,460.00 Copy personal property total → + \$ 63,460.00

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$ 328,460.00

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (if known)			

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 2202 Hollow Bloom Lane	Copy the value from <i>Schedule A/B</i>  \$ 265,000.00	Check only one box for each exemption  <input checked="" type="checkbox"/> \$ 57,205.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. 41.001, 41.002, 41.003, Tex. Const. Art. 16, § 50 Tex. Const. Art. 16, § 51
Line from <i>Schedule A/B:</i> 1.1 Brief description: 2007 Lexus LS460	\$ 7,909.00	<input checked="" type="checkbox"/> \$ 7,909.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(9)
Line from <i>Schedule A/B:</i> 3.1 Brief description: 2015 Toyota Avalon	\$ 12,740.00	<input checked="" type="checkbox"/> \$ 12,740.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(9)

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor

Abraham Miguel Sobrinho

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
2011 GMC Acadia			Tex. Prop. Code Ann. § 42.002 (a)(9)
Brief description:  Line from Schedule A/B: 3.3	\$ 4,320.00	<input checked="" type="checkbox"/> \$ 4,320.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Household goods - Kitchen Furniture: Table Chairs 6	\$ 175.00	<input checked="" type="checkbox"/> \$ 175.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Family Room: Coach 1 Entertainment Center 1 Pictures 10	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Living Room Furniture: Couch 1 Love Seat 1 Side Chairs 1	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Appliances: Refrigerator Freezer Microwave Washer Dryer	\$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Study Furniture: Desk Filing Cabinet Office chair	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Fourth Bedroom: Bed Dresser Night Stand	\$ 200.00	<input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Third Bedroom Furniture: Bed Dresser Chest of Drawers Night Stand	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Second Bedroom Furniture: Bed Dresser Night Stand Lamp	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Master Bedroom Furniture: Bed Dresser Chest of Drawers Night stand	\$ 600.00	<input checked="" type="checkbox"/> \$ 600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Household goods - Kid's Desk	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6			Tex. Prop. Code Ann. § 42.002 (a)(1)
Brief description: Electronics - TVs 5, Computers 2, DVD Player 1, Gaming System 1, Printer 1, MP3 Player 1, Camera 1, Surround Sound System 1	\$ 2,350.00	<input checked="" type="checkbox"/> \$ 2,350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 7			

Debtor

Abraham Miguel Sobrinho

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Sports and hobby equipment - Camping Gear: Tents 2  Line from Schedule A/B: 9	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Sports and hobby equipment - Bicycle  Line from Schedule A/B: 9	\$ 400.00	<input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(8)
Clothing - General Wearing Apparel  Line from Schedule A/B: 9	\$ 1,500.00	<input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(2),(5)
Jewelry - Men's Watches - 3  Line from Schedule A/B: 11	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(6)
Jewelry - Earrings - 20 pairs  Line from Schedule A/B: 12	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(6)
Jewelry - Husband's wedding ring  Line from Schedule A/B: 12	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(6)
Jewelry - Lady's rings - 4  Line from Schedule A/B: 12	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(6)
Jewelry - Wife's wedding ring  Line from Schedule A/B: 12	\$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(6)
Jewelry - Lady's necklaces - 5  Line from Schedule A/B: 12	\$ 150.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(6)
Other - Tools: Ratchet Set Hammer Screw Drivers Drill  Line from Schedule A/B: 14	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Other - Lawn Equipment: Lawn Mower Trimmer Blower  Line from Schedule A/B: 14	\$ 275.00	<input checked="" type="checkbox"/> \$ 275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Other - Musical Instruments (Clarinet, Violin, Guitar)  Line from Schedule A/B: 14	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)

Debtor

Abraham Miguel Sobrinho

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
401k x219099 Brief description: Line from Schedule A/B: 21	\$ 29,372.00	<input checked="" type="checkbox"/> \$ 29,372.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.0021
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (if known) _____			

Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

	Describe the property that secures the claim:	Column A <b>Amount of claim</b> Do not deduct the value of collateral.	Column B <b>Value of collateral that supports this claim</b>	Column C <b>Unsecured portion if any</b>								
2.1	Home Point Financial	\$207,795.00	\$265,000.00	\$0.00								
<table border="1"> <tr> <td>Creditor's Name 11511 Luna Rd, Ste. 300</td> <td>2202 Hollow Bloom Lane, Katy, TX 77494 - \$265,000.00</td> </tr> <tr> <td>Number Street</td> <td></td> </tr> <tr> <td>Dallas TX 75234</td> <td></td> </tr> <tr> <td>City State ZIP Code</td> <td></td> </tr> </table>					Creditor's Name 11511 Luna Rd, Ste. 300	2202 Hollow Bloom Lane, Katy, TX 77494 - \$265,000.00	Number Street		Dallas TX 75234		City State ZIP Code	
Creditor's Name 11511 Luna Rd, Ste. 300	2202 Hollow Bloom Lane, Katy, TX 77494 - \$265,000.00											
Number Street												
Dallas TX 75234												
City State ZIP Code												
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>												
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p>												
<p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p>												
<p><b>Check if this claim relates to a community debt</b> <input checked="" type="checkbox"/></p>												
<p><b>Date debt was incurred</b> <u>05/01/2016</u></p>												
<p><b>Last 4 digits of account number</b> <u>3926</u></p>												
2.2	Patsy Schultz PCC	\$0.00	\$265,000.00	\$0.00								
<table border="1"> <tr> <td>Creditor's Name 1317 Eugene Heimann Cir</td> <td>2202 Hollow Bloom Lane, Katy, TX 77494 - \$265,000.00</td> </tr> <tr> <td>Number Street</td> <td>property taxes</td> </tr> <tr> <td>Richmond TX 77469</td> <td></td> </tr> <tr> <td>City State ZIP Code</td> <td></td> </tr> </table>					Creditor's Name 1317 Eugene Heimann Cir	2202 Hollow Bloom Lane, Katy, TX 77494 - \$265,000.00	Number Street	property taxes	Richmond TX 77469		City State ZIP Code	
Creditor's Name 1317 Eugene Heimann Cir	2202 Hollow Bloom Lane, Katy, TX 77494 - \$265,000.00											
Number Street	property taxes											
Richmond TX 77469												
City State ZIP Code												
<p><b>of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>												
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p>												
<p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p>												
<p><b>Check if this claim relates to a community debt</b> <input checked="" type="checkbox"/></p>												
<p><b>Date debt was incurred</b> <u>2018</u></p>												
<p><b>Last 4 digits of account number</b> <u>0914</u></p>												
<p><b>Add the dollar value of your entries in Column A on this page. Write that number here:</b> <u>\$207,795.00</u></p>												

Debtor 1

Abraham Miguel Sobrinho

First Name Middle Name

Last Name

Case number (if known)

**Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**Column A**  
**Amount of claim**  
 Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**Column C**  
**Unsecured portion if any**

2.3	Toyota Motor Credit	Describe the property that secures the claim:		\$ 15,280.00	\$ 12,740.00	\$ 2,540.00
Creditor's Name Po Box 9786 Number Street		2015 Toyota Avalon - \$12,740.00				
Cedar Rapids IA 52409 City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Date debt was incurred 2016		Last 4 digits of account number 0001				
		Describe the property that secures the claim: \$ _____				
Creditor's Name Number Street		_____				
City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Date debt was incurred _____		Last 4 digits of account number				
		Describe the property that secures the claim: \$ _____				
Creditor's Name Number Street		_____				
City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Date debt was incurred _____		Last 4 digits of account number				
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 15,280.00						
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ 223,075.00						

Fill in this information to identify your case:

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (if known) _____			

Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.  
 Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Texas Attorney General	\$ 1,914.00	\$ 1,914.00	\$ 0.00
Priority Creditor's Name Child Support Division	Last 4 digits of account number 8564		
Number Street P.O. Box 12017	When was the debt incurred? 2019		
Austin TX 78711			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of PRIORITY unsecured claim:</b>		
<input type="checkbox"/> Is the claim subject to offset?	<input checked="" type="checkbox"/> Domestic support obligations		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> Other. Specify			
2.2	Last 4 digits of account number	\$	\$
Priority Creditor's Name	When was the debt incurred?		
Number Street			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of PRIORITY unsecured claim:</b>		
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> No	<input type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Other. Specify		

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Alliance MRI

**Total claim**

4.1

Nonpriority Creditor's Name  
1011 Medical Plaza Dr  
Number Street  
Suite 120

Last 4 digits of account number Sobrinho/abraham

\$ 1,800.00

When was the debt incurred? 11/2018

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 7938

\$ 2,989.77

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number \*FC

\$ Unknown

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Mortgage

**Who incurred the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

- No  
 Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.4	<p>Barclays Bank -Juniper</p> <p>Nonpriority Creditor's Name Po Box 60517</p> <p>Number Street</p> <p>City Of Industry CA 91716 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2878</p> <p>When was the debt incurred? 2010</p> <p style="text-align: right;"><u>\$ 2,659.00</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.5	<p>Bby/Cbna</p> <p>Nonpriority Creditor's Name Po Box 6497</p> <p>Number Street</p> <p>Sioux Falls SD 57117 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8427</p> <p>When was the debt incurred? 1998</p> <p style="text-align: right;"><u>\$ 387.00</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.6	<p>Best Egg/Sst</p> <p>Nonpriority Creditor's Name 4315 Pickett Rd</p> <p>Number Street</p> <p>Saint Joseph MO 64503 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4278</p> <p>When was the debt incurred? 2014</p> <p style="text-align: right;"><u>\$ 0.00</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.7	Brclysbankde	<b>Last 4 digits of account number</b> 2020 <b>\$</b> 2,456.00
Nonpriority Creditor's Name Po Box 60517 Number Street		<b>When was the debt incurred?</b> 2015
<b>As of the date you file, the claim is:</b> Check all that apply. <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <b>Type of NONPRIORITY unsecured claim:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify</li> </ul>		
<b>Who incurred the debt?</b> Check one. <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor 1 only</li> <li><input checked="" type="checkbox"/> Debtor 2 only</li> <li><input type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> </ul> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
4.8	Brclysbankde	<b>Last 4 digits of account number</b> 4813 <b>\$</b> 5,238.33
Nonpriority Creditor's Name Po Box 60517 Number Street		<b>When was the debt incurred?</b> 2015
<b>As of the date you file, the claim is:</b> Check all that apply. <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <b>Type of NONPRIORITY unsecured claim:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify</li> </ul>		
<b>Who incurred the debt?</b> Check one. <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> </ul> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
4.9	Capio Partners	<b>Last 4 digits of account number</b> *Med <b>\$</b> 1,251.36
Nonpriority Creditor's Name PO Box 3209 Number Street		<b>When was the debt incurred?</b>
<b>As of the date you file, the claim is:</b> Check all that apply. <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <b>Type of NONPRIORITY unsecured claim:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student loans</li> <li><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</li> <li><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></li> </ul>		
<b>Who incurred the debt?</b> Check one. <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor 1 only</li> <li><input type="checkbox"/> Debtor 2 only</li> <li><input type="checkbox"/> Debtor 1 and Debtor 2 only</li> <li><input type="checkbox"/> At least one of the debtors and another</li> </ul> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

#	Creditor's Name	Last 4 digits of account number	Total claim
4.10	Capital One Nonpriority Creditor's Name Po Box 30253 Number Street  Salt Lake City UT 84130 City State ZIP Code	7813	\$ 0.00
		When was the debt incurred? <u>2006</u>	
		<b>As of the date you file, the claim is:</b> Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
	<b>Who incurred the debt?</b> Check one.		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim is for a community debt</b>	<input type="checkbox"/>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.11	Capital One Nonpriority Creditor's Name PO Box 60599 Number Street  City of Industry CA 91716 City State ZIP Code	Last 4 digits of account number **** When was the debt incurred? <u>2009</u>	\$ 2,173.00
		<b>As of the date you file, the claim is:</b> Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
	<b>Who incurred the debt?</b> Check one.		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim is for a community debt</b>	<input type="checkbox"/>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.12	Capital One Nonpriority Creditor's Name 11013 W Broad St Number Street  Glen Allen VA 23060 City State ZIP Code	Last 4 digits of account number **** When was the debt incurred? <u>2009</u>	\$ 1,305.00
		<b>As of the date you file, the claim is:</b> Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
	<b>Who incurred the debt?</b> Check one.		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim is for a community debt</b>	<input type="checkbox"/>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.13	<p>Capital One</p> <p>Nonpriority Creditor's Name 11013 W Broad St</p> <p>Number Street</p> <p>Glen Allen VA 23060</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number **** \$ 855.00</p> <p>When was the debt incurred? 2017</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.14	<p>Capitalone</p> <p>Nonpriority Creditor's Name 15000 Capital One Dr</p> <p>Number Street</p> <p>Richmond VA 23238</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number **** \$ 2,173.00</p> <p>When was the debt incurred? 2009</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.15	<p>Cb/Roamans</p> <p>Nonpriority Creditor's Name Po Box 182789</p> <p>Number Street</p> <p>Columbus OH 43218</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number *608 \$ 0.00</p> <p>When was the debt incurred? 2014</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

#	Creditor's Name	Last 4 digits of account number	Total claim
4.16	Cbna Nonpriority Creditor's Name 133200 Smith Rd Number Street	**** When was the debt incurred? 2001	\$ 0.00
	 City State ZIP Code	<b>As of the date you file, the claim is:</b> Check all that apply.	
	Cleveland OH 44130	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input type="checkbox"/> Other. Specify
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	 <b>Check if this claim is for a community debt</b>	
	<b>Is the claim subject to offset?</b>	 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.17	Ccb/Chldplce Nonpriority Creditor's Name Number Street	4122 When was the debt incurred? 2010	\$ 0.00
	 City State ZIP Code	<b>As of the date you file, the claim is:</b> Check all that apply.	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>
	<b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify
	<b>Is the claim subject to offset?</b>	 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.18	Chase Card Nonpriority Creditor's Name Po Box 15298 Number Street	9051 When was the debt incurred? 1997	\$ 2,626.00
	 Wilmington DE 19850	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>
	<b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify
	<b>Is the claim subject to offset?</b>	 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.19	<p>Chase Card</p> <p>Nonpriority Creditor's Name Po Box 15298</p> <p>Number Street</p> <p>Wilmington DE 19850</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number **** \$ 812.00</p> <p>When was the debt incurred? 2018</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.20	<p>Citi</p> <p>Nonpriority Creditor's Name Po Box 6077</p> <p>Number Street</p> <p>Sioux Falls SD 57117</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$ 4,551.00</p> <p>When was the debt incurred? 2016</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.21	<p>Comenitycb/Myplacerwds</p> <p>Nonpriority Creditor's Name Po Box 182120</p> <p>Number Street</p> <p>Columbus OH 43218</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$ 0.00</p> <p>When was the debt incurred? 2010</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.22	<p>Comenitycb/Zalesoutlet</p> <p>Nonpriority Creditor's Name Po Box 182120</p> <p>Number Street</p> <p>Columbus OH 43218</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3700 \$ 0.00</p> <p>When was the debt incurred? 2014</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>
4.23	<p>Conn Credi</p> <p>Nonpriority Creditor's Name Box 2358</p> <p>Number Street</p> <p>Beaumont TX 77704-2358</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6530 \$ 0.00</p> <p>When was the debt incurred? 2010</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>
4.24	<p>Creditonebnk</p> <p>Nonpriority Creditor's Name Po Box 98872</p> <p>Number Street</p> <p>Las Vegas NV 89193</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0589 \$ 0.00</p> <p>When was the debt incurred? 2005</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.25	<p>DSNB/Macy's</p> <p>Nonpriority Creditor's Name 9001094</p> <p>Number Street</p> <p>Louisville KY 40290</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8747</p> <p>When was the debt incurred? 1998</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.26	<p>Discover Bank</p> <p>Nonpriority Creditor's Name Pob 790213</p> <p>Number Street</p> <p>Saint Louis MO 63179</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4083</p> <p>When was the debt incurred? 2015</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.27	<p>Discover bank</p> <p>Nonpriority Creditor's Name Pob 790213</p> <p>Number Street</p> <p>St. Louis MO 63179</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2542</p> <p>When was the debt incurred? 2014</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.28	Dsrm Nt Bk  Nonpriority Creditor's Name Pob 631 112 W 8th Number Street  Amarillo TX 79173 City State ZIP Code	Last 4 digits of account number ****  When was the debt incurred? 2015  As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.29	Fairways Condominiums  Nonpriority Creditor's Name 3414 Morningwood Dr. Number Street  Olney MD 20832 City State ZIP Code	Last 4 digits of account number *FC  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Mortgage
4.30	First Communion Credit Union  Nonpriority Creditor's Name PO Box 840129 Number Street  Houston TX 77284 City State ZIP Code	Last 4 digits of account number 0545  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.31	Fst Premier  Nonpriority Creditor's Name 900 W Delaware Number Street  Sioux Falls SD 57104 City State ZIP Code	Last 4 digits of account number 0963 When was the debt incurred? 2008  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		\$ 0.00
4.32	Greater Houston Medical  Nonpriority Creditor's Name c/o Transworld Systems Number Street 507 Prudential Rd.  Horsham PA 19044 City State ZIP Code	Last 4 digits of account number 3030 When was the debt incurred?  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
		\$ 2,396.38
4.33	Gulf Credit Union  Nonpriority Creditor's Name PO Box 848 Number Street  Groves TX 77619 City State ZIP Code	Last 4 digits of account number 114271 When was the debt incurred? 2009  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency Balance
		\$ Unknown

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.34	Hillcroft Medical Clinic  Nonpriority Creditor's Name PO Box 460569 Number Street  Houston TX 77056 City State ZIP Code	Last 4 digits of account number ****  When was the debt incurred? <u>11/1/2018</u> <span style="float: right;">\$ <u>456.72</u></span>
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>		
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
4.35	IPC Healthcare of TX  Nonpriority Creditor's Name 4605 Lankershim Blvd., Ste 216 Number Street  North Hollywood CA 91602 City State ZIP Code	Last 4 digits of account number ****  When was the debt incurred? <span style="float: right;">\$ <u>254.00</u></span>
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>		
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
4.36	Jefferson Glen Community Association  Nonpriority Creditor's Name c/o Niles, Barton & Wilmer, LLP Number Street 111 S. Calvert St., Ste 1400  Baltimore MD 21202 City State ZIP Code	Last 4 digits of account number *FC  When was the debt incurred? <span style="float: right;">\$ <u>1,084.00</u></span>
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>HOA Dues</u></p>		
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.37	<b>Kohls/Capone</b> Nonpriority Creditor's Name Po Box 3115 Number Street  Milwaukee WI 53201 City State ZIP Code	Last 4 digits of account number 6128 When was the debt incurred? 2007  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.38	<b>Kohls/Capone</b> Nonpriority Creditor's Name Po Box 3115 Number Street  Milwaukee WI 53201 City State ZIP Code	Last 4 digits of account number 7418 When was the debt incurred? 2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.39	<b>Lane Bryant</b> Nonpriority Creditor's Name 450 Winks Lane Number Street  Bensalem PA 19020 City State ZIP Code	Last 4 digits of account number ***1 When was the debt incurred? 2006  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.40	<p>Mark Devan Alba Law Group</p> <p>Nonpriority Creditor's Name 11350 McCormick Rd.</p> <p>Number Street</p> <p>Hunt Valley MD 21031</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number Case #403568</p> <p>\$ Unknown</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Mortgage</p>
4.41	<p>Mattress Frm</p> <p>Nonpriority Creditor's Name Cscl Dispute Team Po Box 14517</p> <p>Number Street</p> <p>Des Moines IA 50306</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9257</p> <p>\$ 0.00</p> <p>When was the debt incurred? 2010</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>
4.42	<p>Memorial Herman Surgery Center</p> <p>Nonpriority Creditor's Name c/o MNET Financial</p> <p>Number Street 95 Argonaut, Ste. 200</p> <p>Aliso Viejo CA 92656</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2896</p> <p>\$ 1,557.26</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
<b>4.43</b> Memorial Herman Surgery Center - Kingsland Nonpriority Creditor's Name 21720 Kingsland Blvd., #101 Number Street  Katy TX 77450 City State ZIP Code	Last 4 digits of account number **** <b>\$ 783.00</b> When was the debt incurred?
<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	
<b>Who incurred the debt?</b> Check one.	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<b>Check if this claim is for a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>4.44</b> Memorial Hermann Nonpriority Creditor's Name Patient Business Services Number Street PO Box 4370 Houston TX 77210 City State ZIP Code	Last 4 digits of account number 7518 <b>\$ 3,611.00</b> When was the debt incurred?
<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	
<b>Who incurred the debt?</b> Check one.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<b>Check if this claim is for a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>4.45</b> Memorial Hermann Surgery Center Nonpriority Creditor's Name 21720 Kingsland Blvd Number Street #101 Katy TX 77450 City State ZIP Code	Last 4 digits of account number Sobrinho/Abraham <b>\$ 860.00</b> When was the debt incurred? 2018
<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	
<b>Who incurred the debt?</b> Check one.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<b>Check if this claim is for a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.46	<p>Merrick Bk</p> <p>Nonpriority Creditor's Name Pob 9201</p> <p>Number Street</p> <p>Old Bethpage NY 11804 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1767 \$ 0.00</p> <p>When was the debt incurred? 2009</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>
4.47	<p>Methodist Hospital</p> <p>Nonpriority Creditor's Name P.O. Box 3133</p> <p>Number Street</p> <p>Houston TX 77253 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6742 \$ 2,474.72</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Services</p>
4.48	<p>Methodist Pathologist</p> <p>Nonpriority Creditor's Name PO Box 4701</p> <p>Number Street</p> <p>Houston TX 77210 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6240 \$ 524.00</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.49	<p>Methodist Pathologist</p> <p>Nonpriority Creditor's Name PO Box 4701</p> <p>Number Street</p> <p>Houston TX 77210</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0922</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.50	<p>Oollo/Tbom</p> <p>Nonpriority Creditor's Name Po Box 660371</p> <p>Number Street</p> <p>Dallas TX 75266</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4459</p> <p>When was the debt incurred? 2018</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.51	<p>Prosper Marketplace In</p> <p>Nonpriority Creditor's Name 221 Main St Ste 300</p> <p>Number Street</p> <p>San Francisco CA 94105</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6431</p> <p>When was the debt incurred? 2014</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.52	<b>RX Medical</b> Nonpriority Creditor's Name c/o Collections Unlimited Number Street 2000 S. Dairy Ashford, Ste 680  Houston TX 77077 City State ZIP Code	Last 4 digits of account number 7911 When was the debt incurred?
		<u>\$ 837.00</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
4.53	<b>SCS Synerprise</b> Nonpriority Creditor's Name 2809 Regal Rd., Ste 107 Number Street  Plano TX 75075 City State ZIP Code	Last 4 digits of account number 1060 When was the debt incurred?
		<u>\$ 1,185.35</u>
	<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
4.54	<b>Syncb/Ban</b> Nonpriority Creditor's Name P O Box 103014 Number Street  Roswell GA 30076-9852 City State ZIP Code	Last 4 digits of account number **** When was the debt incurred?
		<u>\$ 3,255.00</u>
	<b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.55	<b>Syncc/Care Disc Ti</b> Nonpriority Creditor's Name Po Box 965036 Number Street  Orlando FL 32896 City State ZIP Code	<b>Last 4 digits of account number</b> <u>2,295.00</u> <b>When was the debt incurred?</b> <u>2011</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.56	<b>Syncc/Carecr</b> Nonpriority Creditor's Name C/O Po Box 965036 Number Street  Orlando FL 32896 City State ZIP Code	<b>Last 4 digits of account number</b> <u>5553</u> <span style="float: right;"><u>\$3,217.00</u></span> <b>When was the debt incurred?</b> <u>2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.57	<b>Syncc/Carecr</b> Nonpriority Creditor's Name C/O Po Box 965036 Number Street  Orlando FL 32896 City State ZIP Code	<b>Last 4 digits of account number</b> <u>2628</u> <span style="float: right;"><u>\$0.00</u></span> <b>When was the debt incurred?</b> <u>2012</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

#	Creditor's Name	Last 4 digits of account number	Total claim
4.58	Syncb/Ccdstr Nonpriority Creditor's Name C/O Po Box 965036 Number Street  Orlando FL 32896 City State ZIP Code	0664 When was the debt incurred? 2011	\$ 2,235.00
<b>As of the date you file, the claim is:</b> Check all that apply. <p> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p> <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify         </p>			
<b>Who incurred the debt?</b> Check one. <p> <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another         </p> <p><b>Check if this claim is for a community debt</b> <input type="checkbox"/></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.59	Syncb/Hdfurn Nonpriority Creditor's Name C/O Po Box 965036 Number Street  Orlando FL 32896 City State ZIP Code	Last 4 digits of account number **** When was the debt incurred? 2011	\$ 0.00
<b>As of the date you file, the claim is:</b> Check all that apply. <p> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p> <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify         </p>			
<b>Who incurred the debt?</b> Check one. <p> <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another         </p> <p><b>Check if this claim is for a community debt</b> <input type="checkbox"/></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.60	Syncb/Jcp Nonpriority Creditor's Name Po Box 965007 Number Street  Orlando FL 32896 City State ZIP Code	Last 4 digits of account number When was the debt incurred? 2011	\$ 2,084.00
<b>As of the date you file, the claim is:</b> Check all that apply. <p> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p> <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt         </p>			
<b>Who incurred the debt?</b> Check one. <p> <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another         </p> <p><b>Check if this claim is for a community debt</b> <input type="checkbox"/></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
<b>4.61 Syncb/Sams</b>	<b>Total claim</b>
Nonpriority Creditor's Name Po Box 965005	Last 4 digits of account number ****  When was the debt incurred? <u>2011</u>
Number Street	\$ <u>122.00</u>
Orlando FL 32896	<b>As of the date you file, the claim is:</b> Check all that apply.
City	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b>
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
<b>Check if this claim is for a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>4.62 Syncb/Tjxdc</b>	<b>Total claim</b>
Nonpriority Creditor's Name PO Box 530949	Last 4 digits of account number <u>4876</u> When was the debt incurred? <u>2014</u>
Number Street	<b>As of the date you file, the claim is:</b> Check all that apply.
Atlanta GA 30353	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City	<b>Type of NONPRIORITY unsecured claim:</b>
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<b>Check if this claim is for a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>4.63 Syncb/Walmar</b>	<b>Total claim</b>
Nonpriority Creditor's Name Po Box 965024	Last 4 digits of account number **** When was the debt incurred? <u>2012</u>
Number Street	<b>As of the date you file, the claim is:</b> Check all that apply.
Orlando FL 32896	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City	<b>Type of NONPRIORITY unsecured claim:</b>
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<b>Check if this claim is for a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>
4.64	TMobile	
Nonpriority Creditor's Name c/o Midland Credit aka FBCS Inc. Number Street 2200 Byberry Rd., Ste 120		Last 4 digits of account number 6075 \$ 621.04 When was the debt incurred?
City Hatboro PA ZIP Code 19040 Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Telephone / Internet services
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.65	Target/Td	Last 4 digits of account number 2510 \$ 1,183.00 When was the debt incurred? 2005
Nonpriority Creditor's Name Po Box 660170 Number Street Dallas TX 75266		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
City Dallas TX ZIP Code 75266 Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.66	Thd/Cbna	Last 4 digits of account number 7900 \$ 3,686.00 When was the debt incurred? 2013
Nonpriority Creditor's Name c/o Alltran Financial Number Street PO Box 722910 Houston TX 77272		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
City Houston TX ZIP Code 77272 Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

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		Total claim
4.67	<p>Tidewater Credit Servi</p> <p>Nonpriority Creditor's Name 6520 Indian River Rd</p> <p>Number Street</p> <p>Virginia Beach VA 23464</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? <u>2010</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>
4.68	<p>Tidewaterfin</p> <p>Nonpriority Creditor's Name 6520 Indian River Rd</p> <p>Number Street</p> <p>Virginia Beach VA 23464</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2***</u></p> <p>When was the debt incurred? <u>2010</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>
4.69	<p>Tnb Target</p> <p>Nonpriority Creditor's Name Po Box 673</p> <p>Number Street</p> <p>Minneapolis MN 55440</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? <u>2011</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.70	<b>US Anesthesia Partners</b> Nonpriority Creditor's Name PO Box 840866 Number Street  Dallas TX 75284 City State ZIP Code	Last 4 digits of account number ****  When was the debt incurred?
		\$ 716.80
	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
	<b>Who incurred the debt? Check one.</b>	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<b>Check if this claim is for a community debt</b>	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.71	<b>US Anesthesia Partners of Texas</b> Nonpriority Creditor's Name PO Box 840866 Number Street  Dallas TX 75284 City State ZIP Code	Last 4 digits of account number ****  When was the debt incurred?
		\$ 194.88
	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services	
	<b>Who incurred the debt? Check one.</b>	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<b>Check if this claim is for a community debt</b>	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.72	<b>Us Bank</b> Nonpriority Creditor's Name PO Box 790408 Number Street  Saint Louis MO 63179 City State ZIP Code	Last 4 digits of account number 9797  When was the debt incurred? 2016
		\$ 7,955.00
	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
	<b>Who incurred the debt? Check one.</b>	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<b>Check if this claim is for a community debt</b>	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.73	Valero	\$ 582.17
Nonpriority Creditor's Name PO Box 631 Number Street		<b>Last 4 digits of account number</b> **** <b>When was the debt incurred?</b>
Amarillo TX 79105 City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply.
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Check if this claim is for a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.74	Washington Mutual Bank	\$ 5,134.73
Nonpriority Creditor's Name 50 W. Liberty St., Ste 250 Number Street		<b>Last 4 digits of account number</b> 9184 <b>When was the debt incurred?</b>
Reno NV 89501 City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply.
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Check if this claim is for a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.75	Webbank/Gtn	\$ 0.00
Nonpriority Creditor's Name 6250 Ridgewood Road Number Street		<b>Last 4 digits of account number</b> 6239 <b>When was the debt incurred?</b> 2011
Saint Cloud MN 56303 City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply.
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Check if this claim is for a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		<b>Total claim</b>												
4.76	Wffnb/Mattress Firm  Nonpriority Creditor's Name Po Box 94498 Number Street  Las Vegas NV 89193 City State ZIP Code	Last 4 digits of account number  When was the debt incurred? 2010 \$ 0.00												
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>														
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>														
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 60%; text-align: right;">Last 4 digits of account number</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td>Nonpriority Creditor's Name</td> <td>When was the debt incurred?</td> </tr> <tr> <td></td> <td>Number Street</td> <td></td> </tr> <tr> <td></td> <td>City State ZIP Code</td> <td></td> </tr> </table>				Last 4 digits of account number	\$ _____		Nonpriority Creditor's Name	When was the debt incurred?		Number Street			City State ZIP Code	
	Last 4 digits of account number	\$ _____												
	Nonpriority Creditor's Name	When was the debt incurred?												
	Number Street													
	City State ZIP Code													
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>														
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>														
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 60%; text-align: right;">Last 4 digits of account number</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td>Nonpriority Creditor's Name</td> <td>When was the debt incurred?</td> </tr> <tr> <td></td> <td>Number Street</td> <td></td> </tr> <tr> <td></td> <td>City State ZIP Code</td> <td></td> </tr> </table>				Last 4 digits of account number	\$ _____		Nonpriority Creditor's Name	When was the debt incurred?		Number Street			City State ZIP Code	
	Last 4 digits of account number	\$ _____												
	Nonpriority Creditor's Name	When was the debt incurred?												
	Number Street													
	City State ZIP Code													
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>														
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>														

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Alltran Financial

Name

PO Box 610

Number Street

South Rapids	MN	56379
City	State	ZIP Code

Capital Management Services

Name

PO Box 964

Number Street

Buffalo	NY	14220
City	State	ZIP Code

Capital One

Name

15000 Capital One Dr.

Number Street

Richmond	VA	23238
City	State	ZIP Code

Capital One

Name

11013 W Broad St

Number Street

Glen Allen	VA	23060
City	State	ZIP Code

Capital One

Name

11013 W Broad St

Number Street

Glen Allen	VA	23060
City	State	ZIP Code

Capital One

Name

Po Box 30253

Number Street

Salt Lake City	UT	84130
City	State	ZIP Code

Cbna

Name

50 Northwest Point Road

Number Street

Elk Grove Village	IL	60007
City	State	ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.74 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 9184****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 4083****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number \*\*\*\*****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number \*\*\*\*****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number \*\*\*\*****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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Chase Card

Name

Po Box 15298

Number Street

Wilmington

DE

19850

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

Chase Card

Name

Po Box 15298

Number Street

Wilmington

DE

19850

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

Citi

Name

Pob 6241

Number Street

Sioux Falls

SD

57117

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number** \*\*\*\*

ERC

Name

PO Box 23870

Number Street

Jacksonville

FL

32241

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number** 4813

FMS Inc.

Name

PO Box 707600

Number Street

Tulsa

OK

74170

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.54 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

Kohls/Capone

Name

N56 W 17000 Ridgewood Dr

Number Street

Menomonee Falls

WI

53051

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.38 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

Midland Funding

Name

2365 Northside Drive, Suite 300

Number Street

San Diego

CA

92108

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.60 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

NorthStar Location Services

Name

4285 Genesee St.

Number Street

Cheektowaga	NY	14225
City	State	ZIP Code

NorthStar Location Services

Name

4285 Genesee St.

Number Street

Cheektowaga	NY	14225
City	State	ZIP Code

Sheer, Green &amp; Burke

Name

PO Box 1312

Number Street

Toledo	OH	43603
City	State	ZIP Code

Syncb

Name

PO Box 960061

Number Street

Orlando	FL	32896
City	State	ZIP Code

Syncb/Ccdstr

Name

PO Box 960061

Number Street

Orlando	FL	32896
City	State	ZIP Code

Syncb/Jcp

Name

Po Box 965007

Number Street

Orlando	FL	32896
City	State	ZIP Code

Thd/Cbna

Name

Po Box 6497

Number Street

Sioux Falls	SD	57117
City	State	ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 2020****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 2878****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.44 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 7518****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.56 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 5553****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.58 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 0664****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.60 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number \*\*\*\*****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.66 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

US Anesthesia Partners

Name

PO Box 957

Number Street

Shawnee	KS	66201
City	State	ZIP Code

Us Bank

Name

1100 Soo Line Bldg

Number Street

Minneapolis	MN	55402
City	State	ZIP Code

Name

Number Street

City	State	ZIP Code
------	-------	----------

Name

Number Street

City	State	ZIP Code
------	-------	----------

Name

Number Street

City	State	ZIP Code
------	-------	----------

Name

Number Street

City	State	ZIP Code
------	-------	----------

Name

Number Street

City	State	ZIP Code
------	-------	----------

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.53 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 1060****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.72 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 9797****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number****On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

- 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**  
**Add the amounts for each type of unsecured claim.**

		<b>Total claim</b>
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	6a. \$ <u>1,914.00</u>
	<b>6b. Taxes and certain other debts you owe the government</b>	6b. \$ <u>0.00</u>
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$ <u>0.00</u>
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	<b>6e. Total.</b> Add lines 6a through 6d.	6e. <span style="border: 1px solid black; padding: 5px;">\$ <u>1,914.00</u></span>
		<b>Total claim</b>
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	6f. \$ <u>0.00</u>
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <u>0.00</u>
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <u>0.00</u>
	<b>6i. Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>94,046.57</u>
	<b>6j. Total.</b> Add lines 6f through 6i.	6j. <span style="border: 1px solid black; padding: 5px;">\$ <u>94,046.57</u></span>

**Fill in this information to identify your case:**

Debtor	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Southern District of Texas			
Case number (if known)			

Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease			State what the contract or lease is for		
2.1	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.2	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.3	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.4	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.5	Name _____ Street _____ City _____ State _____ ZIP Code _____					

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (If known) _____			

Check if this is an amended filing

**Official Form 106H****Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)**

- No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include**

Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.3

Name \_\_\_\_\_

Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (if known) _____			

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 106I****12/15****Schedule I: Your Income**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
<b>Occupation</b>	Lead Mechanic	Office Assistant
<b>Employer's name</b>	Don McGill Toyota	Catapult Energy Services
<b>Employer's address</b>	11800 Katy Freeway Number Street	3040 Post Oak Blvd Number Street
	Houston, TX City State ZIP Code	Houston, TX 77079 City State ZIP Code
<b>How long employed there?</b>	7 Years	2 years

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>2. List monthly gross wages, salary, and commissions (before all payroll deductions).</b> If not paid monthly, calculate what the monthly wage would be.	2. \$ 4,333.33	\$ 3,757.00
<b>3. Estimate and list monthly overtime pay.</b>	3. + \$ 0.00	+ \$ 0.00
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. \$ 4,333.33	\$ 3,757.00

Debtor 1

Abraham Miguel Sobrinho

Case number (if known)

First Name Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....</b>	<b>→ 4.</b> <b>\$ 4,333.33</b>	<b>\$ 3,757.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 661.96	\$ 399.20
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 303.33	\$ 263.00
5d. Required repayments of retirement fund loans	5d. \$ 326.08	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 409.06
5f. Domestic support obligations	5f. \$ 625.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____ _____ _____ _____	5h. + \$ _____ \$ _____ \$ _____ \$ _____	+ \$ _____ \$ _____ \$ _____ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 1,916.37	\$ 1,071.26
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,416.96	\$ 2,685.74
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 400.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 400.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,416.96	+ \$ 3,085.74 = \$ 5,502.70
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Father in Law - SSI	11. + \$ 472.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$ 5,974.70	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		
<b>Combined monthly income</b>		

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho	
	First Name	Middle Name
	Sara Costa Sobrinho	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	United States Bankruptcy Court for the: Southern District of Texas	
	(State)	
Case number (If known)		

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?** No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son \_\_\_\_\_ 18 \_\_\_\_\_

 No Yes

Daughter \_\_\_\_\_ 7 \_\_\_\_\_

 No Yes

Mother in law \_\_\_\_\_ 84 \_\_\_\_\_

 No Yes

\_\_\_\_\_ \_\_\_\_\_

 No Yes

\_\_\_\_\_ \_\_\_\_\_

 No**3. Do your expenses include expenses of people other than yourself and your dependents?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.**Your expenses**

4. \$ 1,669.54

**If not included in line 4:**

4a. Real estate taxes

4a. \$ 700.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 125.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 50.00

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		<b>Your expenses</b>
<b>5.</b>	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
<b>6. Utilities:</b>		
6a.	Electricity, heat, natural gas	6a. \$ <u>277.00</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>125.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>390.00</u>
6d.	Other. Specify: <u>In-laws expenses</u>	6d. \$ <u>0.00</u>
<b>7.</b>	<b>Food and housekeeping supplies</b>	7. \$ <u>900.00</u>
<b>8.</b>	<b>Childcare and children's education costs</b>	8. \$ <u>400.00</u>
<b>9.</b>	<b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>100.00</u>
<b>10.</b>	<b>Personal care products and services</b>	10. \$ <u>125.00</u>
<b>11.</b>	<b>Medical and dental expenses</b>	11. \$ <u>150.00</u>
<b>12.</b>	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>600.00</u>
<b>13.</b>	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>
<b>14.</b>	<b>Charitable contributions and religious donations</b>	14. \$ <u>150.00</u>
<b>15.</b>	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$ <u>191.00</u>
15b.	Health insurance	15b. \$ <u>274.00</u>
15c.	Vehicle insurance	15c. \$ <u>455.00</u>
15d.	Other insurance. Specify: _____	15d. \$ <u>0.00</u>
<b>16.</b>	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
<b>17.</b>	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. \$ <u>491.00</u>
17b.	Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c.	Other. Specify: _____	17c. \$ <u>0.00</u>
17d.	Other. Specify: _____	17d. \$ <u>0.00</u>
<b>18.</b>	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
<b>19.</b>	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
<b>20.</b>	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. \$ <u>0.00</u>
20b.	Real estate taxes	20b. \$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

21. Other. Specify:	+\$ 0.00
	+\$ _____
	+\$ _____

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 7,372.54

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ \_\_\_\_\_  
22c. \$ 7,372.54

## 23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 5,974.70

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 7,372.54

23c. Subtract your monthly expenses from your monthly income.

23c. \$ -1,397.84

The result is your *monthly net income*.

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here:

## Fill in this information to identify your case:

Debtor 1	<u>Abraham Miguel Sobrinho</u>	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	<u>Sara Costa Sobrinho</u>	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the Southern District of Texas		
Case number (If known)		

Check if this is an amended filing

## Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Abraham Miguel Sobrinho  
Signature of Debtor 1

**X** /s/ Sara Costa Sobrinho  
Signature of Debtor 2

Date 02/14/2019  
MM / DD / YYYY

Date 02/14/2019  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (if known) _____			

Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street <hr/> <hr/>	From _____ To _____	<input type="checkbox"/> Same as Debtor 1  Number Street <hr/> <hr/>	<input type="checkbox"/> Same as Debtor 1  From _____ To _____
City State ZIP Code <hr/>		City State ZIP Code <hr/>	<input type="checkbox"/> Same as Debtor 1  From _____ To _____
Number Street <hr/> <hr/>	From _____ To _____	Number Street <hr/> <hr/>	<input type="checkbox"/> Same as Debtor 1  From _____ To _____
City State ZIP Code <hr/>		City State ZIP Code <hr/>	

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)**

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 5,635.00
<b>For last calendar year:</b>  (January 1 to December 31, <u>2018</u> <u>YYYY</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 74,678.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 39,314.00
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>2017</u> <u>YYYY</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 57,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 54,054.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>	<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>		<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>
<b>For last calendar year:</b>  (January 1 to December 31, <u>                    </u> )	<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>	<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>		<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>                    </u> )	<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>	<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>		<u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u> <u>                        </u> \$ <u>                        </u>

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Patsy Schultz PCC Creditor's Name	11/27/18	\$ 5,732.65	\$ 0.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
1317 Eugene Heimann Cir Number Street				
Richmond TX 77469 City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

**Debtor 1**

Abraham Miguel Sobrinho

**First Name**      **Middle Name**      **Last Name**

Case number (*if known*)

#### **Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title:		Court Name  Number Street  City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			
Case title:		Court Name  Number Street  City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			

- 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

<input checked="" type="checkbox"/> No. Go to line 11.	<input type="checkbox"/> Yes. Fill in the information below.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Describe the property</th> <th style="padding: 5px;">Date</th> <th style="padding: 5px;">Value of the property</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top; padding: 5px;">Creditor's Name _____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td colspan="3"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Explain what happened</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Property was repossessed.  <input type="checkbox"/> Property was foreclosed.  <input type="checkbox"/> Property was garnished.  <input type="checkbox"/> Property was attached, seized, or levied.         </td> </tr> </tbody> </table> </td> </tr> <tr> <td style="padding: 5px;">Number Street _____</td> <td style="padding: 5px;">City _____</td> <td style="padding: 5px;">State _____ ZIP Code _____</td> </tr> </tbody> </table>		Describe the property	Date	Value of the property	Creditor's Name _____	_____	\$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Explain what happened</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Property was repossessed.  <input type="checkbox"/> Property was foreclosed.  <input type="checkbox"/> Property was garnished.  <input type="checkbox"/> Property was attached, seized, or levied.         </td> </tr> </tbody> </table>			Explain what happened	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	Number Street _____	City _____	State _____ ZIP Code _____
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<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.															
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Number Street _____	City _____	State _____ ZIP Code _____													

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No

Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$ _____
City State ZIP Code	Last 4 digits of account number: XXXX-		

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No

Yes

#### Part 5: List Certain Gifts and Contributions

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name  _____  _____		_____	\$ _____
Number Street  _____		_____	\$ _____
City State ZIP Code  _____			

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
		_____	\$ _____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Ciment Law Firm, PLLC Person Who Was Paid  24275 Katy Freeway Number Street  Ste. 400  Katy TX 77494 City State ZIP Code  Email or website address  Person Who Made the Payment, if Not You	Legal Fees for Banrkuptcy  10/2018	\$ 2,500.00
	_____	\$ _____

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			_____
City State ZIP Code			
Person's relationship to you			
Person Who Received Transfer			_____
Number Street			_____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust	_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____
Number Street	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____
City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Chase Bank Name of Financial Institution	Sara Sobrinho Name	Debtor's father's old wallet misc papers and pictures, \$0.00
Number Street	Number Street	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
houston TX City State ZIP Code	City State ZIP Code	

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City State ZIP Code		

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City State ZIP Code		
City State ZIP Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City State ZIP Code		
City State ZIP Code		

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
_____	City State ZIP Code	
City	State ZIP Code	

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	Pending
Number Street	_____	On appeal
Case number	City State ZIP Code	Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	_____	EIN: _____
City State ZIP Code	Dates business existed	From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	_____	EIN: _____
City State ZIP Code	Dates business existed	From _____ To _____

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Business Name  Number Street  City      State      ZIP Code	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
---	---	---

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Name	Date issued MM / DD / YYYY
Number Street	
City	State ZIP Code

#### Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Abraham Miguel Sobrinho  
 Signature of Debtor 1

 /s/ Sara Costa Sobrinho  
 Signature of Debtor 2

Date 02/14/2019

Date 02/14/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Fill in this information to identify your case:

Debtor 1	Abraham Miguel Sobrinho		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Southern District of Texas			
Case number (if known)			

Check if this is an amended filing

## Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

- For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Home Point Financial	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2202 Hollow Bloom Lane		
Creditor's name: Patsy Schultz PCC	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: n/a	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2202 Hollow Bloom Lane		
Creditor's name: Toyota Motor Credit	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2015 Toyota Avalon		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		

Debtor

Abraham Miguel Sobrinho &amp; Sara Costa Sobrinho

Case number (If known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	
Lessor's name:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property:	

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Abraham Miguel Sobrinho

Signature of Debtor 1

Date 02/14/2019

MM / DD / YYYY

X /s/ Sara Costa Sobrinho

Signature of Debtor 2

Date 02/14/2019

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<b>Abraham Miguel Sobrinho</b>	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	<b>Sara Costa Sobrinho</b>	
	First Name	Middle Name
United States Bankruptcy Court for the Southern District of Texas		
Case number (if known) _____		

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A-1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

##### 1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
  - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,679.17	\$ 3,757.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 236.00	\$ 200.00
5. Net income from operating a business, profession, or farm <small>Gross receipts (before all deductions)</small>	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 0.00	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 0.00
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
	<small>Copy here →</small>	<small>Copy here →</small>
	\$ 0.00	\$ 0.00
6. Net income from rental and other real property <small>Gross receipts (before all deductions)</small>	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 0.00	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
	<small>Copy here →</small>	<small>Copy here →</small>
	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties		
	\$ 0.00	\$ 0.00

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse

\$ 0.00

\$ 0.00

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you ..... \$ 0.00  
 For your spouse ..... \$ 0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00 \$ 0.00

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
+ \$ 0.00	+ \$ 0.00

Total amounts from separate pages, if any.

\$ 4,915.17	+	\$ 3,957.00	=	\$ 8,872.17
-------------	---	-------------	---	-------------

Total current monthly income

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

- 12a. Copy your total current monthly income from line 11. ....  Copy line 11 here → \$ 8,872.17  
 Multiply by 12 (the number of months in a year).  
 12b. The result is your annual income for this part of the form. 12b. \$ 106,466.04

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

TX

Fill in the number of people in your household.

5

Fill in the median family income for your state and size of household. .... 13. \$ 90,358.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

- 14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3.  
 14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

 /s/ Abraham Miguel Sobrinho

Signature of Debtor 1

Date 02/14/2019  
MM / DD / YYYY /s/ Sara Costa Sobrinho

Signature of Debtor 2

Date 02/14/2019  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**Fill in this information to identify your case:**

Debtor 1	Abraham Miguel Sobrinho	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Sara Costa Sobrinho	
	First Name	Middle Name
United States Bankruptcy Court for the: Southern District of Texas		
(State)		
Case number (If known)		

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

1. There is no presumption of abuse.  
 2. There is a presumption of abuse.

Check if this is an amended filing

**Official Form 122A-2****Chapter 7 Means Test Calculation**

4/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Determine Your Adjusted Income**

1. Copy your total current monthly income..... Copy line 11 from Official Form 122A-1 here ➔ .....1. \$ 8,872.17

2. Did you fill out Column B in Part 1 of Form 122A-1?

No. Fill in \$0 on line 3d.

Yes. Is your spouse filing with you?

No. Go to line 3.

Yes. Fill in \$0 on line 3d.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

No. Fill in 0 on line 3d.

Yes. Fill in the information below:

**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

**Fill in the amount you are subtracting from your spouse's income**

3a. \_\_\_\_\_

\$ \_\_\_\_\_

3b. \_\_\_\_\_

\$ \_\_\_\_\_

3c. \_\_\_\_\_

+\$ \_\_\_\_\_

3d. **Total.** Add lines 3a, 3b, and 3c.....

\$0.00

Copy total here ➔ .....3d. — \$0.00

**\$8,872.17**

4. **Adjust your current monthly income.** Subtract line 3d from line 1.

Debtor 1 Abraham Miguel Sobrinho  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$2,051.00

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$52.00

7b. Number of people who are under 65 x 4

7c. **Subtotal.** Multiply line 7a by line 7b. \$208.00 **Copy line 7c here ➔** ..... \$208.00

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$114.00

7e. Number of people who are 65 or older x 1

7f. **Subtotal.** Multiply line 7d by line 7e. \$114.00 **Copy line 7f here ➔** ..... + \$114.00

7g. **Total.** Add lines 7c and 7f.....

\$322.00

**Copy total here ➔**

.....7g. \$322.00

Debtor 1

Abraham Miguel Sobrinho

First Name

Middle Name

Last Name

Case number (if known)

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**

- **Housing and utilities – Insurance and operating expenses**
- **Housing and utilities – Mortgage or rent expenses**

**To answer the questions in lines 8-9, use the U.S. Trustee Program chart.**

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 693.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9a. \$ 1,894.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment		
Home Point Financial	\$ <u>1,669.54</u>		
Patsy Schultz PCC	\$ <u>0.00</u>		
Additional expenses	+ \$ <u>825.00</u>		
9b. Total average monthly payment	\$ <u>2,494.54</u>	Copy line 9b here ➔	– \$ <u>2,494.54</u> Repeat this amount on line 33a.
9c. Net mortgage or rent expense.	\$ <u>0.00</u>	Copy line 9c here ➔	\$ <u>0.00</u>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 584.00

Debtor 1

Abraham Miguel Sobrinho

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1**

Describe Vehicle 1: 2015 Toyota Avalon

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ 497.00

13b. Average monthly payment for all debts secured by Vehicle 1.  
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

## Name of each creditor for Vehicle 1

## Average monthly payment

Toyota Motor Credit

\$ 359.00

+ \$ 0.00

Total average monthly payment

\$ 359.00

Copy here →

- \$ 359.00

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.....

\$ 138.00

Copy net Vehicle 1 expense here .... →

\$ 138.00

**Vehicle 2**

Describe Vehicle 2: \_\_\_\_\_

13d. Ownership or leasing costs using IRS Local Standard

13d. \$ 497.00

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

## Name of each creditor for Vehicle 2

## Average monthly payment

\$ 0.00

+ \$ 0.00

Total average monthly payment

\$ 0.00

Copy here →

- \$ 0.00

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.....

\$ 0.00

Copy net Vehicle 2 expense here ... →

\$ 0.00

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ 0.00

**15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ 0.00

Debtor 1

Abraham Miguel Sobrinho

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 1,061.16  
 Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 0.00  
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 191.00  
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 625.00  
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required:  
 ■ as a condition for your job, or  
 ■ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 200.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 200.00  
 Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 0.00  
 Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00  
 Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 6,065.16  
 Add lines 6 through 23.

Debtor 1

Abraham Miguel Sobrinho

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$ 683.06
Disability insurance	\$ 0.00
Health savings account	+ \$ 0.00
Total	\$ 683.06
	Copy total here ➔ ..... \$ 683.06

Do you actually spend this total amount?

No. How much do you actually spend? \$ \_\_\_\_\_  
 Yes

- 26. Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00

By law, the court must keep the nature of these expenses confidential.

- 28. Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. \$ 0.00  
 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ 0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). \$ 150.00

- 32. Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 833.06

Debtor 1 Abraham Miguel Sobrinho  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

### Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

#### Mortgages on your home:

33a. Copy line 9b here ..... ➔ \$ 2,494.54

#### Loans on your first two vehicles:

33b. Copy line 13b here. ..... ➔ \$ 359.00

33c. Copy line 13e here. ..... ➔ \$ 0.00

Average monthly payment

#### Name of each creditor for other secured debt

#### Identify property that secures the debt

#### Does payment include taxes or insurance?

33d. \_\_\_\_\_

\_\_\_\_\_

No  
 Yes

\$ 0.00

33e. \_\_\_\_\_

\_\_\_\_\_

No  
 Yes

\$ 0.00

33f. \_\_\_\_\_

\_\_\_\_\_

No  
 Yes

+ \$ 0.00

33g. Total average monthly payment. Add lines 33a through 33f. ....

\$ 2,853.54

Copy total here ➔

\$2,853.54

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ <u>0.00</u> ÷ 60 =	+ \$ <u>0.00</u>
		Total	\$ <u>0.00</u>

Copy total here ➔

\$0.00

35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ 0.00 ÷ 60 = \$0.00

Debtor 1 Abraham Miguel Sobrinho  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

 No. Go to line 37. Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ 275.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x 8.8%

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ 24.20

Copy total here ➔

\$ 24.20

## 37. Add all of the deductions for debt payment.

Add lines 33g through 36.

\$ 2,877.74

## Total Deductions from Income

## 38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ 6,065.16

Copy line 32, All of the additional expense deductions ..... \$ 833.06

Copy line 37, All of the deductions for debt payment ..... + \$ 2,877.74

Total deductions \$ 9,775.96

Copy total here ➔

\$ 9,775.96

## Part 3: Determine Whether There Is a Presumption of Abuse

## 39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income ..... \$ 8,872.17

39b. Copy line 38, Total deductions ..... - \$ 9,775.96

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). \$ -903.79

Subtract line 39b from line 39a.

Copy line 39c here ➔

\$ -903.79

For the next 60 months (5 years).....

x 60

39d. Total. Multiply line 39c by 60. .... 39d. \$ -54,227.60

Copy line 39d here ➔

\$ -54,227.60

## 40. Find out whether there is a presumption of abuse. Check the box that applies:

 The line 39d is less than \$7,700\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5. The line 39d is more than \$12,850\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. The line 39d is at least \$7,700\*, but not more than \$12,850\*. Go to line 41.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1

Abraham Miguel Sobrinho

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 5 on that form.

41a. \$ \_\_\_\_\_

x .25

\$ _____	<b>Copy here ➔</b>	\$ _____
----------	--------------------	----------

**Copy here ➔**

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)  
Multiply line 41a by 0.25.

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

 **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*

Go to Part 5.

 **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

#### Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

 No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense or income adjustment

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

#### Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

 /s/ Abraham Miguel Sobrinho

Signature of Debtor 1

 /s/ Sara Costa Sobrinho

Signature of Debtor 2

Date 02/14/2019  
MM / DD / YYYYDate 02/14/2019  
MM / DD / YYYY

Alliance MRI  
1011 Medical Plaza Dr  
Suite 120  
Spring, TX 77380

Alltran Financial  
PO Box 610  
South Rapids, MN 56379

Arrow Financial  
c/o Regent & Associates  
2650 Fountain View Dr., #233  
Houston, TX 77057

Aurora Loan Services LLC  
c/o Goldberg, Shapiro & Brown  
10021 Balls Ford Rd., Ste 200  
Manassas, VA 20109

Barclays Bank -Juniper  
Po Box 60517  
City Of Industry, CA 91716

Bby/Cbna  
Po Box 6497  
Sioux Falls, SD 57117

Best Egg/Sst  
4315 Pickett Rd  
Saint Joseph, MO 64503

Brclsbankde  
Po Box 60517  
City Of Industry, CA 91716

Brclsbankde  
Po Box 60517  
City Of Industry, CA 91716

Capio Partners  
PO Box 3209  
Sherman, TX 75091

Capital Management Services  
PO Box 964  
Buffalo, NY 14220

Capital One  
11013 W Broad St  
Glen Allen, VA 23060

Capital One  
Po Box 30253  
Salt Lake City, UT 84130

Capital One  
15000 Capital One Dr.  
Richmond, VA 23238

Capital One  
PO Box 60599  
City of Industry, CA 91716

Capitalone  
15000 Capital One Dr  
Richmond, VA 23238

Cb/Roamans  
Po Box 182789  
Columbus, OH 43218

Cbna  
133200 Smith Rd  
Cleveland, OH 44130

Cbna  
50 Northwest Point Road  
Elk Grove Village, IL 60007

Ccb/Chldplce

Chase Card  
Po Box 15298  
Wilmington, DE 19850

Citi  
Po Box 6077  
Sioux Falls, SD 57117

Citi  
Pob 6241  
Sioux Falls, SD 57117

Comenitycb/Myplacerwds  
Po Box 182120  
Columbus, OH 43218

Comenitycb/Zalesoutlet  
Po Box 182120  
Columbus, OH 43218

Conn Credi  
Box 2358  
Beaumont, TX 77704-2358

Gulf Credit Union  
PO Box 848  
Groves, TX 77619

Creditonebnk  
Po Box 98872  
Las Vegas, NV 89193

Hillcroft Medical Clinic  
PO Box 460569  
Houston, TX 77056

DSNB/Macy's  
9001094  
Louisville, KY 40290

Home Point Financial  
11511 Luna Rd, Ste. 300  
Dallas, TX 75234

Discover Bank  
Pob 790213  
Saint Louis, MO 63179

IPC Healthcare of TX  
4605 Lankershim Blvd., Ste 216  
North Hollywood, CA 91602

Discover bank  
Pob 790213  
St. Louis, MO 63179

Jefferson Glen Community Association  
c/o Niles, Barton & Wilmer, LLP  
111 S. Calvert St., Ste 1400  
Baltimore, MD 21202

Dsrm Nt Bk  
Pob 631 112 W 8th  
Amarillo, TX 79173

Kohls/Capone  
Po Box 3115  
Milwaukee, WI 53201

ERC  
PO Box 23870  
Jacksonville, FL 32241

Kohls/Capone  
N56 W 17000 Ridgewood Dr  
Menomonee Falls, WI 53051

FMS Inc.  
PO Box 707600  
Tulsa, OK 74170

Lane Bryant  
450 Winks Lane  
Bensalem, PA 19020

Fairways Condominiums  
3414 Morningwood Dr.  
Olney, MD 20832

Mark Devan Alba Law Group  
11350 McCormick Rd.  
Hunt Valley, MD 21031

First Communion Credit Union  
PO Box 840129  
Houston, TX 77284

Mattress Frm  
Cscl Dispute Team Po Box 14517  
Des Moines, IA 50306

Fst Premier  
900 W Delaware  
Sioux Falls, SD 57104

Memorial Herman Surgery Center  
c/o MNET Financial  
95 Argonaut, Ste. 200  
Aliso Viejo, CA 92656

Greater Houston Medical  
c/o Transworld Systems  
507 Prudential Rd.  
Horsham, PA 19044

Memorial Herman Surgery Center - Kingsland  
21720 Kingsland Blvd., #101  
Katy, TX 77450

Memorial Hermann  
Patient Business Services  
PO Box 4370  
Houston, TX 77210

Sheer, Green & Burke  
PO Box 1312  
Toledo, OH 43603

Memorial Hermann Surgery Center  
21720 Kingsland Blvd  
Katy, TX 77450

Syncb  
PO Box 960061  
Orlando, FL 32896

Merrick Bk  
Pob 9201  
Old Bethpage, NY 11804

Syncb/Ban  
P O Box 103014  
Roswell, GA 30076-9852

Methodist Hospital  
P.O. Box 3133  
Houston, TX 77253

Syncb/Car Care Disc Ti  
Po Box 965036  
Orlando, FL 32896

Methodist Pathologist  
PO Box 4701  
Houston, TX 77210

Syncb/Carecr  
C/O Po Box 965036  
Orlando, FL 32896

Midland Funding  
2365 Northside Drive, Suite 300  
San Diego, CA 92108

Syncb/Ccdstr  
PO Box 960061  
Orlando, FL 32896

NorthStar Location Services  
4285 Genesee St.  
Cheektowaga, NY 14225

Syncb/Ccdstr  
C/O Po Box 965036  
Orlando, FL 32896

Oollo/Tbom  
Po Box 660371  
Dallas, TX 75266

Syncb/Hdfurn  
C/O Po Box 965036  
Orlando, FL 32896

Patsy Schultz PCC  
1317 Eugene Heimann Cir  
Richmond, TX 77469

Syncb/Jcp  
Po Box 965007  
Orlando, FL 32896

Prosper Marketplace In  
221 Main St Ste 300  
San Francisco, CA 94105

Syncb/Sams  
Po Box 965005  
Orlando, FL 32896

RX Medical  
c/o Collections Unlimited  
2000 S. Dairy Ashford, Ste 680  
Houston, TX 77077

Syncb/Tjxdc  
PO Box 530949  
Atlanta, GA 30353

SCS Synerprise  
2809 Regal Rd., Ste 107  
Plano, TX 75075

Syncb/Walmar  
Po Box 965024  
Orlando, FL 32896

TMobile  
c/o Midland Credit aka FBCS Inc.  
2200 Byberry Rd., Ste 120  
Hatboro, PA 19040

Us Bank  
PO Box 790408  
Saint Louis, MO 63179

Target/Td  
Po Box 660170  
Dallas, TX 75266

Us Bank  
1100 Soo Line Bldg  
Minneapolis, MN 55402

Texas Attorney General  
Child Support Division  
P.O. Box 12017  
Austin, TX 78711

Valero  
PO Box 631  
Amarillo, TX 79105

Thd/Cbna  
c/o Alltran Financial  
PO Box 722910  
Houston, TX 77272

Washington Mutual Bank  
50 W. Liberty St., Ste 250  
Reno, NV 89501

Thd/Cbna  
Po Box 6497  
Sioux Falls, SD 57117

Webbank/Gtn  
6250 Ridgewood Road  
Saint Cloud, MN 56303

Tidewater Credit Servi  
6520 Indian River Rd  
Virginia Beach, VA 23464

Wffnb/Mattress Firm  
Po Box 94498  
Las Vegas, NV 89193

Tidewaterfin  
6520 Indian River Rd  
Virginia Beach, VA 23464

Tnb Target  
Po Box 673  
Minneapolis, MN 55440

Toyota Motor Credit  
Po Box 9786  
Cedar Rapids, IA 52409

US Anesthesia Partners  
PO Box 840866  
Dallas, TX 75284

US Anesthesia Partners of Texas  
PO Box 840866  
Dallas, TX 75284

US Anesthesia Partners  
PO Box 957  
Shawnee, KS 66201

United States Bankruptcy Court  
Southern District of Texas

In re: Abraham Miguel Sobrinho & Sara Costa  
Sobrinho

Case No.

Chapter 7

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 02/14/2019

/s/ Abraham Miguel Sobrinho

Signature of Debtor

/s/ Sara Costa Sobrinho

Signature of Joint Debtor

## **Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)**

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**This notice is for you if:**

- **You are an individual filing for bankruptcy,** and
- **Your debts are primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

**Chapter 7: Liquidation**

\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

**The types of bankruptcy that are available to individuals**

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## **Chapter 11: Reorganization**

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\$1,167	filing fee
+	\$550 administrative fee
	\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	
\$75	administrative fee

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\$275	total fee
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Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	
\$75	administrative fee

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\$310	total fee
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Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

# United States Bankruptcy Court

Southern District of Texas

**In re** Abraham Miguel Sobrinho & Sara Costa Sobrinho

Case No. \_\_\_\_\_

**Debtor**

Chapter <sup>7</sup> \_\_\_\_\_

## **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept .....	\$ 2,500.00
Prior to the filing of this statement I have received.....	\$ 2,500.00
Balance Due.....	\$ 0.00

RETAINER

For legal services, I have agreed to accept a retainer of .....	\$ _____
The undersigned shall bill against the retainer at an hourly rate of .....	\$ _____
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

Meet with client, advise client regarding the different chapters of bankruptcy and the effects thereof. Prepare and file the bankruptcy petition and schedules. Attend the 341 meeting of creditors. Assist with reaffirmation agreements.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
Adversary Proceedings. Challenging the discharge ability of any particular debt including but not limited to student loans.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/14/2019

/s/ Daniel Ciment, 24042581

*Date*

*Signature of Attorney*

Ciment Law Firm, PLC

*Name of law firm*  
24275 Katy Freeway  
Ste. 400  
Katy, TX 77494  
[daniel@cimentlawfirm.com](mailto:daniel@cimentlawfirm.com)